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03/16/2004

Pandiscio & Pandiscio
470 Totten Pond Road
Waltham, MA 02451-1914

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| | |
|----------------------------------|--------------------|
| James A. Sheridan | (Depositor's name) |
| <i>James A. Sheridan</i> 6/16/04 | (Signature) |
| June 16, 2004 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/046,453 | 10/19/2001 | Frederic P. Field | ONUX-16 | 4028 |

TITLE OF INVENTION: SURGICAL SUTURING INSTRUMENT AND METHOD OF USE

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$665 | \$300 | \$965 | 06/16/2004 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|---------------|----------|----------------|
| JACKSON, GARY | 3731 | 606-148000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Onux Medical, Inc.

Hampton, New Hampshire

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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(Authorized Signature)

(Date)

James A. Sheridan 06/16/2004

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06/22/2004 DENMANU2 00000069 10046453

01 FC:2501
 02 FC:1504

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